Lyme I	Disease A	Agency:	FOR STATE USE Status: Confirm Suspec	med 🗌 Probable
Investigator:	Phone n	umber:	Reviewer initials: Referred to another	
CASE				
Last name: First and middle			/ / Estima	
Maiden name:	Suffix:		∐ Yes ∐ No ∐ Unk	date: / / Separated
Address line:		_ status:	☐ Divorced ☐ Parent with	partner Widowed
	City:	- Race: l	☐ American Indian or Alaskan Nat☐ Black or African American☐ Hawaiian or Basifia Islandar	tive ☐ Unknown ☐ White ☐ Asian
	County:		☐ Hawaiian or Pacific Islander☐ Hispanic or Latino☐ Not His	_
Long-term care resident:		Parent/Guardian name: Parent/Guardian	· 	
		_ priorie: _(()	Type:
Diagnosis date: Event outcome: Outbreak related:	Onset / / date: / Survived this illness Died from this i Died unrelated to this illness Unknow Yes No Unknown	liness	st name:	/ID NP □ PA
Outbreak name: Exposure setting: Epi-linked: Location	☐ Yes ☐ No ☐ Unknown ☐ In USA, in reporting state	Today Address		
acquired:	☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown State: Country:		Zip code:	County:
LABORATORY F	INDINGS			
Date received: Result type:	/ / Specin	nen source: Result date: /	Test type:	/ / Positive Negative
Organism:	Borrelia burgdorferi			
Date received:	/ / Specir	nen source: Result date: /	Test type:	/ / Positive Negative
Organism:	Borrelia burgdorferi			
Laboratory:	A	nen source:		/ /
	☐ Preliminary ☐ Final ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Result date: /	/ Result:	☐ Positive ☐ Negative

CONFIDENTIAL PATIENT NAME: _____ lowa Department of Public Health

Interpret 'occupation												
	on' very lo	oosely an	d conside	er every	persor	n to have a	t least one 'occupation	on'.				
Occupation type:						Job title:						
Worked after symptom onset:	☐ Yes	□No	☐ Unkn	own	Facil							
Date worked from:	/	/										
Date worked to:	•											
Removed from	☐ Yes										nty:	
Date removed:	_	_	_	••••			()		-	_	,	
	dle food:		☐ No	☐ Unk	nown	Priorie.	Work in a health car		☐ Yes	□ No	Unknown	
Attend or provide c	hild care: d school:	☐ Yes ☐ Yes		☐ Unk ☐ Unk			Direct patient care lab or health car		☐ Yes	П№	Unknown	
Work in a la		☐ Yes		Unk			Health care wo					
Occuration to a						lab 4:41a.						
Occupation type: Worked after												
symptom onset:	∐ Yes	∐ No	∐ Unkn	own	Facil	lity name:						
Date worked from:	/	/				Address:						
Date worked to: Removed from		/				Zip code:						
	☐ Yes	☐ No	Unkn	own		City:		_ State:		_ Cour	nty:	
Date removed:		1				Phone:	()	Type:				
Har Attend or provide c	dle food:		□ No □ No	☐ Unk ☐ Unk			Work in a health car Direct patient care	•	☐ Yes	☐ No	Unknown	
	d school:	☐ Yes	_	Unk	nown		lab or health car Health care wo	e setting:	☐ Yes	☐ No	Unknown	
					HOWIT		Treattreate wo	rker type.				
HOSPITALIZATION		1 V □	Na Du									
Was the case hospit												
Hospital:					Isola	,	r: ☐ Yes ☐ No ☐	」Unk	Isolation ty		/):	
Admingian data:												
Admission date.	/	1		<u> </u>	Disc	charge date	: / /		Days h	ospitalize	d:	
Currently isolated:	☐ Yes	□ No □				charge date			Days h	ospitalize	d:	
	☐ Yes	□ No □							Days h			
Currently isolated:	☐ Yes	□ No [Cur	rrent is				Days h	Ospitalize Highest known f		°F/C
Currently isolated:	☐ Yes DIAGNOSI ☐ Yes ☐ Arth	□ No □ IS □ No ralgia	☐ Unk	Cur Onset D	rrent is		/ Duration	(days):	ress syndr	Highest known f	ever:	
Currently isolated: CLINICAL INFO & I Fever:	Yes DIAGNOS Yes Arth Fatig	No San	□ Unk □ Unk _	Cur Onset D	rrent is	olation type	/ Duration tions: Adult resp Dissemina	(days): iratory distr ated intrava /Encephali	ress syndr	Highest known f	ever:	
Currently isolated: CLINICAL INFO & I Fever:	Yes DIAGNOSI Yes Arth Fatig Hea Mild	No Since the second sec	□ Unk □ Unk _	Cur Onset D	rrent is	olation type	/ Duration tions: Adult resp	(days): iratory distr ated intrava /Encephali	ress syndr	Highest known f	ever:	
Currently isolated: CLINICAL INFO & I Fever: Other symptoms:	Yes Parth Fatig Hea Mild Mus	No [IS No ralgia gue dache l, stiff neckcle pain	Unk Unk L	Cur Onset D	ate:	/ / g complica	/ Duration tions: Adult resp Dissemina	(days): iratory distr ated intrava /Encephali	ress syndr	Highest known f	ever:	
Currently isolated: CLINICAL INFO & I Fever: Other symptoms: Did the health care Erythema migrans diagnosed by	Yes OIAGNOS Yes Arth Fatig Hea Mild Mus provider	No [IS No ralgia gue dache l, stiff neckcle pain	Unk Unk L	Cur Onset D	ate:	/ / g complica	/ Duration tions:	(days): iratory distr ated intrava /Encephali	ress syndr	Highest known f	ever:	
Currently isolated: CLINICAL INFO & I Fever: Other symptoms: Did the health care Erythema migrans	Yes Yes Arth Fatig Hea Mild Mus	No [IS No ralgia gue dache l, stiff neckcle pain	Unk Unk L case diagn	Cur Onset D	ate:	/ / g complica	/ Duration tions: Adult resp Dissemina Meningitis Renal failu	(days): iratory distrated intrava /Encephaliure	ress syndr iscular coa	Highest known f rome agulopath	ever:	PF/C
Currently isolated: CLINICAL INFO & I Fever: Other symptoms: Did the health care Erythema migrans diagnosed by physician	Yes DIAGNOS Yes Arth Fatig Hea Mild Mus provider Yes 2nd/3	No IS No Iralgia gue dache I, stiff necktele pain for the ca	Unk Unk L ase diagn Unk atrioventr	Onset D ife threa ose Lym Onset D icular (A)	ate: atening ae dise	/ g complica / k	/ Duration tions: Adult resp Dissemina Meningitis Renal failu /es No Unk / Lesion gracurrent, brief attacks of mphocytic meningitis	(days): iratory distrated intrava /Encephali ure	ress syndr iscular coa tis or equal to	Highest known f rome agulopath	ever:	PF/C
Currently isolated: CLINICAL INFO & I Fever: Other symptoms: Did the health care Erythema migrans diagnosed by physician present: Late	Yes Yes Yes Arth Fatig Hea Mild Mus provider Yes 2 nd / ₃ Bilat Enc.	No IS No Iralgia gue dache I, stiff necktele pain for the ca	Unk Unk L asse diagn Unk atrioventr I palsy Encephalo	Onset D ife threa ose Lym Onset D icular (A)	ate: atening ae dise	/ g complica / k	/ Duration tions: Adult resp Dissemina Meningitis Renal failu /es No Unk / Lesion grocurrent, brief attacks o	(days): iratory distrated intrava /Encephali ure	ress syndr iscular coa tis or equal to	Highest known f rome agulopath	ever:	PF/C
Currently isolated: CLINICAL INFO & I Fever: Other symptoms: Did the health care Erythema migrans diagnosed by physician present: Late	Yes Yes Arth Fatigorial Head Mild Mus provider Yes 2nd/3 Bilat Enco	No Is No Is No Iralgia gue dache I, stiff neckecle pain for the care I No Is Iralgia degree teral facia ephalitis/E	Unk Unk L asse diagn Unk atrioventr I palsy Encephalo	Onset D ife threa ose Lym Onset D icular (A)	ate: atening ae dise	/ g complica / k	/ Duration tions: Adult resp Dissemina Meningitis Renal failu /es No Unk / Lesion gracurrent, brief attacks of mphocytic meningitis	(days): iratory distrated intrava /Encephali ure	ress syndr iscular coa tis or equal to	Highest known f rome agulopath	ever:	PF/C
Currently isolated: CLINICAL INFO & I Fever: Other symptoms: Did the health care Erythema migrans diagnosed by physician present: Late manifestations: OTHER LAB FINDI Higher antibod	Yes Yes Arth Fatigor Hea Mild Mus provider Yes 2 nd /3 Bilat Encore Crar	No Saralgia gue dache l, stiff neckticle pain for the case phalitis/Enial neuritien CSF	Unk Unk L asse diagn Unk atrioventr I palsy Encephalo	Onset D ife threa Onset D icular (A) myelitis	ate: ate dise Date: V) bloc	/ g complica / k	/ Duration tions: Adult resp Dissemina Meningitis Renal failu /es No Unk / Lesion gracurrent, brief attacks of mphocytic meningitis	(days): iratory distrated intrava /Encephali ure	ress syndr iscular coa tis or equal to	Highest known for ome agulopath	ever:	PF/C
Currently isolated: CLINICAL INFO & I Fever: Other symptoms: Did the health care Erythema migrans diagnosed by physician present: Late manifestations: OTHER LAB FINDI	Yes Yes Arth Fatigor Hea Mild Mus provider Yes 2nd/3 Bilat Enco	No Is No Is No Is No Iralgia gue dache , stiff neck cele pain for the call pain for the call phalitis/Enial neurities of CSF erum:	Unk Unk L ase diagn Unk atrioventr I palsy Encephaloris	Onset D ife threa Onset D icular (A\ myelitis	ate: atening ate: oate: V) bloc Unknown	olation type / g complica wase? \(\) k \(\) Re \(\) Lyr \(\) Ra	/ Duration tions: Adult resp Dissemina Meningitis Renal failu /es No Unk / Lesion gracurrent, brief attacks of mphocytic meningitis	(days):	ress syndr iscular coatis or equal to ling	Highest known for the agulopath	rever:c	PF/C

Fax: 515-281-5698

CONFIDENTIAL Antibiotics prescribed?		vn		Iowa Department	of Public Health
Date		Antibiotic: Date		Date	
	/ /	started: /	/	started:/	/
Dose: mg		Dose:		Dose: mg	
Unit: ☐ ml	# of days:	Unit: ☐ ml ☐ IU	# of days:	Unit: ☐ ml ☐ IU	# of days:
# of times a day:		# of times a day:	Route:	# of times a day:	Route:
Therapeutic medicat	tions	☐ Unknown List m	nedications:		
INFECTION TIMELINE					
Enter onset date in dark- box. Enter dates for start exposure period and star end of communicable pe	t of irt and eriod.	The incubation period for lyme disease is 3-30 days after tick exposure.	The per of I	ere is no evidence of rson to person transmission lyme disease.	
RISK FACTORS/TRAVEL		grassy area within 30 days	s of the onset of sympt	oms?	
•		grassy area warm oo day c		oms.	
			_		
			_ _ Is Lyme disease ende	emic in this county? Yes] No □ Unk
Location name:					
			_		
City/State/County:			_ Is Lyme disease ende	emic in this county? Yes] No □ Unk
In the 30 days prior to did the case find a tic	onset of symptoms k on his/her body?]Yes ☐ No ☐ Unk Da	ate found:/	1	
NOTES:					

Fax: 515-281-5698

Center for Acute Disease Epidemiology